PART B - FEE(S) TRANSMITTAL

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APPLICATION NO.	FILINO DATE		FIRST NAMED INVEN	TOR	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.
10/649,443	08/26/2003		Robert J. Higgins			CM06374J	5767
TITLE OF INVENTION		RATUS FOR ANTEN	NA IDENTIFICATION	AND CONTROL		·	
APPLN. TYPE	SMALL ENTITY	issue fee due	PUBLICATION FEET	OUE PREV. PAIR	ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300		i0	\$1810	. 03/02/2009
EXAMINER ART UNIT			CLASS-SUBCLASS				
MILORD, N	JARCEAU	2618	455-090300				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Holgs an assignce is identified below, no assignee data will appear on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents an amember a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Motorola, Inc. Schaumburg, Illinois							
Please check the appropriate assignce category or categories (will not be printed on the patent) : 🔲 Individual 🕱 Corporation or other private group entity 🚨 Government							
· -	ore submitted: to small entity discount p	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) \[\begin{align*} \Lambda \text{ check is enclosed.} \\ \begin{align*} \Payment \text{ by credit card. Form PTO-2038 is attached.} \] \[\begin{align*} \Text{The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number \(\frac{50-2117}{112} \) (enclose an extra copy of this form).					
5. Change in Entity Stat	SMALL ENTITY state	us. See 37 CFR 1.27.	☐ b. Applicant is no	longer claiming	SMALL ENT	FITY status. Sec 37 CFF	R 1.27(g)(2).
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Authorized Signature /Barbara R. Doutre/ Date February 5, 2009							
Typed or printed name	, Barbara R.	. Doutre		Registra	110H MO	39,505	
This collection of informs an application. Confident submitting the completed this form and/or suggesti Box 1450, Alexandria, Virginia 223 Under the Paperwork Recommendation of the Paperwork	ntion is required by 37 C iality is governed by 35 I application form to the ons for reducing this but Irginia 22313-1450. DC 13-1450.	FR 1.311. The informate U.S.C. 122 and 37 CFI USPTO. Time will verteen, should be sent to to NOT SEND FEES OR					by the USPTO to process) gathering, preparing, and a you require to complete threat of Commerce, P.O. r Patents, P.O. Box 1450, umber.
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